

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017964
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 4234

Registrar's No. 103

FILED MAY 31 1962

VS 300
Rev. 4/59

8070
20070

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1250-2

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **BATES**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **HUME**

Length of stay in lb
SINCE 1936

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **BATES**

c. CITY OR TOWN **HUME**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
CLAUDE MONROE WHEELER

4. DATE OF DEATH
Month Day Year
MAY 19 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
DEC. 4, 1896

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MINING

10b. KIND OF BUSINESS OR INDUSTRY
SINCLAIR COAL COMPANY

11. BIRTHPLACE (City and state or country)
RHODES MISSOURI

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

ALFRED WHEELER

13b. MOTHER'S MAIDEN NAME

MARY FRANKLIN

14. NAME OF HUSBAND OR WIFE

MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT Address
MAE WHEELER (WIFE) HUME, MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute Congestive Heart Failure**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **CORONARY THROMBOSIS**

Sudden

DUE TO (c) **CORONARY Occlusion**

Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
OVER EXERTION.

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on **D.O.A.**

Death occurred at **APPROX - 500PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H.F. Stalowski DO

22b. ADDRESS

Hume Mo

22c. DATE SIGNED

5/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5-23-62

23c. NAME OF CEMETERY OR CREMATORY

HUME CEMETERY

23d. LOCATION (City, town, or county)

HUME

(State)

MO

24. FUNERAL DIRECTOR

Rogers Funeral Home Hume, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-22-62

26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard L. Rogers

Licensed Embalmer No. 4453

P. O. Address Home, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.